

The first multipurpose worker project in the United States of America and the resultant development of a neighborhood multiservice center are reported on in this paper. Description of the inservice training of workers, their deployment and the significance for the sponsoring and related agencies in providing meaningful services to clients and neighborhoods is extended into some guesses about what the future holds for agencies providing well-being services.

THE MULTIPURPOSE WORKER AND THE NEIGHBORHOOD MULTISERVICE CENTER: INITIAL EXPERIENCES AND IMPLICATIONS OF THE RODEO COMMUNITY SERVICE CENTER

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Overview of an Operational Entity

SERVICES to families eligible for them are rendered insofar as possible by a single generic or multipurpose worker whom we call a primary counselor.

a. Specialist services are available to a client through action of this generic or anchor worker when they are needed, much as a general medical practitioner remains a person's physician but guides him to and through medical specialist services.

b. Primary counselors, whatever the original disciplines, are trained on the job for this new role, and work as part of a local service unit serving a small, fairly self-contained community of 6,500 persons in 1,550 families, one-fourth of whom are currently receiving some type of well-being service from the center.

c. The counselors are under a supervisor whose guiding policies represent a

combination of what is required by the various participating agencies which are having their functions integrated and carried out by the single worker. (This initially has encompassed welfare, health, and probation.)

The neighborhood service unit with all its workers, which is called the Rodeo Community Service Center (RCSC), represents a very tangible and easily available local medium through which real, comprehensive knowledge of the community is forwarded to the agencies and government and, in return, through which such agencies make known government's services, limitations, and problems.

a. The RCSC and its workers try to help the members of the community work with one another to solve those problems which they can tackle themselves.

b. The unit helps the community

members focus on their own problems; seek a solution, political or otherwise; participate in the solution; and, in general, do whatever it takes to bring about the amelioration of such things as the low living and aspiration standards of depressed groups, or of housing, civic betterment, and employment problems.

c. The unit helps the community learn how to work together and with government, so that its families become part of the democratic process and join the "country."

Introduction

There is increasing evidence that successful application of health and social services is distressfully infrequent when it is measured by the progress recipients make toward self-sufficiency and improved levels of functioning. No one can presently decry, or with good conscience obstruct, attempts to reformulate the organizational and point-of-impact modes of providing preventive, helping, or restorative services.

Reasons for Proposing a Multipurpose Worker Role

A new role for a health and social work deliverer of services was hypothesized for presentation before the Annual Meeting of the APHA in 1962.¹ The following is a brief summary of the reasons that led us to believe that there is a desperate need for a type of worker who would have responsibility and opportunity to diagnose an assigned family's problems and at the same time be accountable for the effectuation or bringing to bear of whatever resources seem indicated.

1. *Compartmentalization*—Under present circumstances, workers' duties are tightly circumscribed, agency by agency. In fact, they are often restricted to carrying the resources of a single program within one agency. Yet personal

problems of a significance great enough to require more than brief care from a public health nurse, social, probation or guidance worker tend to be manifestations of more than simple, self-contained problems. The attempted matching of a complex problem family with workers representing single isolated resources means that several, and not infrequently a half-dozen or more, workers from as many departments or agencies are drawn into what becomes a maze-solving endeavor. The family is now pitted not only against its own problems but must fight at least as hard to avoid being torn asunder by conflicting, even if independently valid, priorities posed by workers whose purposes are restricted in scope by the goals set by their agencies and whose outlook and efforts are circumscribed by the culture of their profession.

2. *Superficiality*—The welter of over-extended, one-purpose workers makes the development of a complete working case history, competent assessment, accurate diagnosis, and workable treatment plan remote eventualities. The full sharing of key bits of information is equally unlikely since diverse professionals, each concentrating in his own area of expertise, frequently do not give adequate meaning or weight to behavior patterns, situations, and symptoms not related to their own specialized tasks or comprehensions. No one-purpose worker has any mandate or priority for assembling and releasing, let alone using what might be known and relevant in the total picture.

3. *Competition and Trampling*—Inadvertent worker and agency competition and trampling of the client reduces the chances for development of a mutual client-worker understanding and thus inhibits appropriate worker-induced movement of the client. Hide and seek, playing games, and playing one worker off against the other are traditional for all but the tough-minded client who is

challenged by the scene and determines to coordinate "his" workers.

4. *Fragmentations, Gaps, Unconcern*—There are multiple sources of partial services at many levels. There are no in-common or responsible workers to marshal necessary entries to some levels, gather resources from others, or overcome deliberate or accidental blocks. Key bits of services are often controlled by agencies or persons not concerned with the client at hand. Absence of key services in a community remains no one's business since agency workers are not and cannot be regarded as responsible for client success nor for successful application of services which their own agency does not provide. (Until the conflagration, no one recalls that any worker or agency ever drew attention to the lack of transportation that of itself served to keep a significant proportion of jobs, job training, health services, socializing, and living amenities out of the grasp of the majority of Watts residents.)

The proliferation of services and agencies, each with its own kind of limited and specialized worker created to counteract some newly perceived desocializing phenomena, continues apace. This does not bode well for effective assistance to persons in distress if the points made above have validity.

Tasks Assigned and Undertaken by the Primary Counselors (Multipurpose Workers) Operating from a Community Service Facility

After four years of battling well-placed, professionally inspired stumbling blocks, it has been possible to put into operation a community service facility in a small, primarily working-class industrial town of 6,500. Approximately one-fourth of the 1,550 families currently receive well-being services through the center. The center is home base

for a group of primary counselors, each of whom is expected to deliver to his assigned families all the health and well-being services available from three agencies, the county health, welfare, and probation departments. In conjunction with the schools, these three agencies have contact in greater breadth and with a larger segment of the local community than is achieved by the sum of all other available local, state and federally provided services. It is here that many additional needs are recognized by workers cognizant of individual, family, and community needs and realities. It is here that new services can often be brought to bear most easily.

However, many interesting operational problems have had to be solved. Two of the three agencies had traditionally used specialized workers for each of their major programs. Only in the health department where the workers had long been on a generalized health program were a significant proportion specifically professionally trained and appropriately accredited with other than a bachelor's degree, e.g., public health nurse (PHN) which, of course, need be no more than a specialized bachelor's degree.

The proposed absorption of still other agency services into the scope of duties of the primary counselor (PC) (the current title of the multipurpose worker) has allowed little relaxation. Mental health counseling, employment, vocational rehabilitation, and school guidance services are becoming part of the RCSC operation. Some tasks remain in the hands of specialists who are called upon for skills or tasks beyond the aid a given PC can give her client.

The initiation and *modus operandi* of the center, which is financed out of regular county departmental funds, can be summarized as follows:

1. Several interested field personnel of the probation, welfare, and health

agencies met over a 12-month period, analyzing the existing community case records, the needs, successes, failures, and the apparent relevance of services to early intervention and help. The group developed ways of measuring degrees of family success or movement over a wide profile of family characteristics. The emerging picture of tragic ineptness of existing services, each apparently well done by current standards, deserves a chapter in itself.

2. The three sponsoring agencies delegated full center operational authority to one of the field persons as the center director. He is a social worker with a master's degree in social work (M.S.W.) with extensive local experience as worker and supervisor. It is understood that he will insure that existing legal, informational, and operational requirements of the three agencies will currently be met, no matter what new implementation his staff devises in order to render and record effective services to clients.

3. The center director recruited his professional staff from the three agencies, and these were divided into generalists and limited-area workers. The generalists were two former PHN's, two social workers (no M.S.W.), and one probation worker (no M.S.W.) One of the workers had previously had this community as part of her caseload. The two limited-scope financial counselors deal with financial eligibility (see point 5). The group took over provision of the three agencies' services to the community in July, 1966, and acquired a renovated business structure on the town's main intersection in November, 1966.

4. One qualified social worker (M.S.W.) was made operations supervisor, and all PC's report directly to her. One additional PHN supervisor with a master's degree in public health (M.P.H.) is assigned to the center director part-time as a facilitator and ex-

pert in health matters. She acts as consultant and has no direct supervisory duties.

5. There is an additional part-time technical supervisor provided by the welfare department for the two financial counselors. Every client is assigned a PC for a careful intake evaluation. The PC's take turns covering the office eight hours each working day. If need seems limited to purely financial assistance, contact is made on the spot with one of the two financial counselors (specially trained aides). Their interviews are conducted in the home or center and every consideration is given to respect each client's privacy and to encourage his confidence and respect for the center. After the careful assessment by the PC, the supervisor reviews the PC evaluation of each case. The PC will withdraw from the case if no serious problems are seen, but the financial counselor will continue if financial aid is established. Known involvement in court procedures is the almost automatic basis for case assignment to the PC with the probation background.

6. Each PC takes responsibility for the successful movement of his clients. He has available for them many special services and consultants. Within the unit in the form of the PC staff from the three agencies are a considerable body of skills. On a part-time or telephone-call basis, there also are all the other categories of experts from the three agencies. The PC may use a fellow PC of a different profession for advice or to give a special service, e.g., a skin test. He may use one of the outside consultants or providers of service for mental health diagnosis or counseling, psychological testing, vocational rehabilitation, employment, or extensive child guidance. However, he never relinquishes his case to other workers. Rather, he guides the client from one service to another, integrating, introducing, resolving difficulties until the

elements of services he cannot himself deliver are effectively intermeshed with the guidance he has undertaken. Once the problem is resolved and client growth becomes evident, the needs for specialized, or for his own, services are curtailed or totally dispensed with. Naturally there can always be an occasional failure to develop suitable client relationships, and this is adequate grounds for a PC to transfer such a case to another PC.

7. Recording is done with an eye to brevity and methods are flexible to permit staff to develop new ways to document comprehensive information about well-being status, specifics of diagnosis, services rendered and those yet to be obtained, movement achieved, and next steps. On each contact, reasons for interposing changes in the situation, working diagnosis, treatment plan, and proposed steps to be taken by or for the client are concisely documented.

The utility of EDP techniques, optic scanning, and check-mark recording are under development by the parent agencies for use in their data-gathering and case progress evaluation. The center offers rich ground for exploring the costs and potentials of a comprehensive well-being data EDP system which is now under consideration. Such a data net could not only serve as the communications link between operating agencies and neighborhood centers serving client families, but could become part of the state and local planning and service agencies' information system.

8. Inservice training and gradual enlargement of the scope of types of case each PC handles is a major means of acquiring new counselor skills. The daily exchanges occurring when one specialty-oriented worker requests from, or dispenses advice or services to, a worker oriented to a different specialty is in itself a remarkably broadening educational experience. This is considered to be as effective a learning ex-

perience as the involvement with the client, trying to comprehend his total needs and helping him along the path of meeting his real over-all problems. Realization as to how heredity, incorporation of experienced past events, and current environmental influences interact, here and now, are particularly meaningful to the worker who has responsibility for all aspects of a case and has all available information on it.

Initially workers were given scattered exposure to the three agencies over several weeks. After two months on the job, they desired a more formal review of what each agency does and information about its professional, statutory, and operational goals. Interagency relationships also come up for discussion on a daily basis. When appropriate, case presentations are used so that the group explores not only the dynamics of the case but the significance and cultural impacts of a worker's specialized skills and the potentials for or against effective services in light of an agency's mission.

Growth of the Neighborhood Multiservice Center Concept as an Extension of the Activities of the Multipurpose Worker

Many influences have led to the concept that the multiservice center should become for the neighborhood what the multipurpose worker is for the family.

1. Changing a worker's mode of delivery or extending his scope of responsibility probably cannot of itself overcome all the problems created by having innumerable other well-being resources continue to be offered out of many other locations by relating or unrelating agencies. The elimination of concern, fragmentation, and gaps cries out for the bulk of well-being services to be available in the same neighborhood facility. In this way they can

more easily be under the control of the same worker or at least available to this worker from highly cooperative, possibly more specialized, workers who give the center clientele and workers their full attention irrespective of which local, state, federal, or voluntary agency pays their salary.

2. The PC working intensively and in breadth with a caseload drawn predominantly from one small community or neighborhood begins to perceive its significant existing limitations. This begins to give real dimensions to the scope and magnitude of the resources that are basic to maintenance and creation of socially competent families, as well as to those resources which are critically needed in order to serve clients already in distress. In this operational environment one soon appreciates the social limitations and stresses placed upon those who at the moment are apparently self-sufficient and nonservice-seeking members of the community. As the aggregate of the PC's in a neighborhood multiservice center gather to survey and consider the needs of their clients in their community, many lacks and opportunities begin to unfold. The PC's individually, and even more so in the aggregate, are looking not just through their agency trifocals but through a diverse and daily widening perceptive lens that meaningfully ties together the interrelated and interacting major influences that determine what portion and what proportion of their community is likely to "fail" or "succeed."

3. As concern develops for client success, it becomes more apparent than ever that problem families are heavily aggregated in certain neighborhoods and among certain groups. In fact, they seem to be spawned by certain impoverished, deteriorating, or ghettoed areas. These areas produce families which often manifest truly malignant deformations in response to the larger communities' influences and institutions which have

created a ghetto life for them. The combination of intentional or unintentional outer-community repression and a high density of nonparticipant families in a ghetto serves to reinforce anti-social attitudes in ghettoized persons. In turn, their resentment-laden acts reinforce the outer-communities' attempts to isolate the ghetto-dwellers. Thus for work with individual families in the ghetto to have more than passing influence, their communities also have to simultaneously be seen, heard, and reckoned with, i.e., be engaged with the outer-community over what are to the ghetto-dwellers socially and economically significant issues.

4. Although rarely existing now (a truly unbelievable state of affairs), it seems only natural to expect that agency and societal involvement with communities might be established fairly rapidly through services to families. We think that our PC's with small territories who truly know all about their families, and thus their neighborhoods, can also, when acting in small community-related groups, serve as an integrating force to energize the community to begin exploration of the world and themselves in relation to it. Although initially it may primarily be reacted to as a sympathetic magnet or wailing wall, thanks to rendering effective and timely services to individuals and families, the neighborhood service center should soon generate enough interaction to be the means of beginning the education of distraught, isolated, or ghettoed elements or communities in the interchanges of the social, institutional, and political "markets." Although perhaps inevitably and disagreeably chaotic much of the time to professional workers as presently trained and oriented to giving personal services on their own terms, neighborhood work and the application of sociotherapies in the form of understanding and growth of community and clients might soon become the most dependable

source of personally gratifying fulfillment for the professional.

5. Seriously deprived or disordered persons in depressed or distraught areas should receive supportive and therapeutic services directly, at the time that their whole neighborhood receives tangible evidence of the basic means of participation in society. The effects of much needed jobs, respect, institutions, responsibility, acceptance, and above all equality or freedom of reasonable choices now obviously available to most others, would reach the individual through his own community contacts and new horizons. This double impact of personal services reinforced by an over-all crescendo of hope should mark the turning-point in our society's liberation from its undemocratic, amoral, and self-reinforcing ghettoizing practices without which services to individuals can have little relevance or long-lasting effect.

6. Size of the neighborhood service center is seen as related to the size of the community. A complement of workers to serve its general needs might include from four to six PC's, one or more financial counselors, various part-time specialists, and as many as a dozen aides and clerks under the over-all supervision of a skilled center supervisor. There may be a need for full-time specialists, such as employment and rehabilitation personnel, in a badly depressed area. The neighborhoods served by such a unit would rarely embrace 10,000 people, and would in disadvantaged areas contain closer to 5,000.

To combine several such units and serve larger areas would seem to add nothing, while detracting from the process of neighborhood identification with its service unit, a process for which we hold out high hopes. Housing several such essentially independent units in one building in high density areas might conceivably cause no harm if the loca-

tion were easily accessible to the several populations served and if each unit were easily identifiable as belonging to its particular neighborhood.

7. Specific objectives at the level of significance needed by depressed neighborhoods (and thus for their families in trouble) are of such a size and diversity that no one PC could set them in motion even if he could perceive all the ramifications. However, the neighborhood service center of which the worker is a team member offers the kind of services to a neighborhood that involve all of the major social service agencies. Such a locally responsive, relatively comprehensive and comprehending center could give neighborhood movements the long-term advice, support, and visibility they now lack in order to mount their quest for incorporation into society. Some of the long-term tangible matters that must be worked on in many if not in most of the depressed areas surely will include:

- a. Introduction of services that are realistically accessible but which are now only nominally available in what are remote locations, considering the neighborhood's travel limitations.

- b. Creation of new well-being services to answer newly recognized needs.

- c. Identification of families who need services and development of influence with them so that they obtain the services.

- d. Effective job creation, recruitment, training, placement, on-the-job training, and on-the-job follow-up for persons needing jobs.

- e. Meaningful education and career paths without artificial or needless obstructions for those potentially capable of profiting.

- f. Housing that is fit to live in, for all members of the community.

- g. Reasonable recreation and social opportunities.

- h. Political participation, at least to the point of comprehension, attainment, and exercise of voting opportunities.

8. The center, with its double-barreled goal of success for its client and success for the neighborhood community which it serves, must help government

see its multiple roles at the community level, i.e., that government must:

a. Learn to see things from the community viewpoint. It is also the government of those who currently receive specially earmarked, well-being services but who generally receive few of the necessities for participation in society such as their rightful share of a usable education or relevant job.

b. Accept feedback directly from the community and also from the workers via the neighborhood service centers.

c. Have concern and listen for evidence as to how government programs can affect and often undo or at least confound what was intended by other well-meant programs.

d. Use the neighborhood service center workers and units as staff and home bases for development of a sense of community in every neighborhood where there is currently evidence of social malfunction (a minority of neighborhoods will escape this designation). This is imperative if we are ever to restore a sense of self and mutual aid, the values and enjoyment of neighborhood level projects, and the possibility of generating enough relatedness, cohesion, and power so that there can be interaction between people in neighborhoods and the larger community. After all, it is often only the larger political entities that encompass the relevant problem shed, or the political structure or resources necessary to carry out larger, truly significant measures. In turn, interaction and influence with still larger governmental entities are needed to make moves possible at the level of coping with nationally and internationally induced social and economic dislocations. Often it is only the largest political jurisdiction that can be applied to with any hope for response, as was foreseen two centuries ago in this country.² Nor can it be forgotten that the state and federal entities are guided by representatives who, just as surely as

our local legislators, come from our neighborhoods. They all could and should have the opportunity to learn and practice participant democracy as part of community living.

Why cannot our neighborhood service center be the headquarters for a school of living and practicing democracy in each of our neighborhoods? The possibility of providing comprehensive and democratizing services in this way to other than depressed communities is equally relevant, but it simply cannot be given the same priority at this time.

Can the neighborhood service center be the "worker" for the neighborhood without getting its employees into many neat or messy political traps? We think it can, without sacrificing status and evidence of integrity to its clients and without becoming covert organizers for or against its bosses, the policy-making bodies. This issue is reminiscent of many another debate about whether ombudsmen, peace corpsmen, and so on can operate successfully and legitimately.

9. Can the center building be more symbolic of what is intended than government facilities now are? Decentralized neighborhood facilities will not add to government cost; in fact they can often utilize cheaper real estate and less elaborate edifices while serving the local walk-in or walk-to trade. Why cannot our neighborhood service centers be tied to existing school, recreation, and library facilities when feasible, or be related to many other of the neighborhood's organized activities? Let us go so far as to offer services in a center run by the people even if the facilities must be temporarily operated "in trust" for the people of a neighborhood until they learn how to do so—a matter of a year or two at the most. Government agencies and workers can ultimately become "guests" in these centers. The current era of clients "playing the game" the way government agents seem to call

it can give way to a more hospitable environment where the service-renderer is friend and guest, someone who must be as polite and receptive as any other person or institution that expects to be of service or to be patronized.

Looking Ahead

To plan one needs to see where past trends have placed us today, what they indicate will occur in the future, and what new interventions have been or might be readied, how they might be received and what they can be expected to accomplish.

1. *Well-being Planning*—To be effective we must consider alternatives, estimating their direct and indirect costs and benefits in the widest human terms. Planning must once and for all take cognizance of what are relevant relationships in the health subsystem and the larger well-being system and postulate interventions directed at the relationships that seem to be vitally relevant to ill health. Among the items of concern to the designers of possible alternatives are program packages that involve delivery of personal and community services comprehensively. We hope that multipurpose workers will receive further consideration among the alternative methods of applying sociotherapies to individuals and that neighborhood multiservice centers which operationally house the workers will similarly be considered as the vehicle for dealing with neighborhoods.

2. *Personnel*—We will still need the services of specialists and no doubt of many new kinds of workers as yet unknown. We can, however, use many, probably all, currently specialized well-being workers as generalists just by so assigning them and providing inservice training. Their basic special skills are still needed in their center group. No crisis therefore need be created by calls

for immediate training of a new breed of generic worker. Such an eventuality can be contemplated at our leisure without interrupting the stepped-up flow of specialized health and other well-being workers, some of whom will in fact demand a chance to become that very important person, the multipurpose worker.

a. *Family and Community Worker at the Same Time*—Public health nurses, social workers and health educators are called upon to do community work in many areas of the country and all have some basic training for this area of their work. Some will surely specialize in this function. In any case the unit will also need all of its PC's to be its teachers if it is to serve as the neighborhood's school for living.

b. *Aides*—There will be more and more use and need for aides. The majority of these will also be highly generalized in their areas of application although some will become increasingly specialized, as in doing eligibility determinations or in assisting teachers. Aides will be under direct supervision of the more trained workers. They will be drawn from the areas with the greatest number of problems and where the greatest number needing such job opportunities reside. If rationally structured, some significant proportion of them will go on to other educational and skill levels.³ In spite of some growing-away from their neighbors, all the new recruits can and will essentially be volunteers when they are off-the-job. Many will become life-long "living-in" volunteers in this neighborhood whether they stay in this work capacity full time, part time, or not at all. This continued interchange of roles should be of tremendous assistance to the efforts of the center staff in both their services to families and their development of community.

c. *One Worker Accountable*—One person, whether an aide or a multipurpose worker, must be given and comprehensively accept the responsibility for ordering the critical agency and community impacts on a client family if our scheme is to create effective intervention.

3. *Restructuring of Service Agencies*—It is predictable that the neighborhood service center will become the meaningful unit of operation. Secondary to this development, health, welfare, probation, mental health, employment, vocational

rehabilitation, and other critical well-being service agencies will slowly restructure. Most of these will either migrate to the county or to the state level so that they can fall under the same executive leadership. Other somewhat isolatedly administered services such as school guidance and nursing will learn to work with and through such neighborhood units.

a. *The center must be multipurpose too*—The center will also become the full or partial home base for sanitarians, bedside nurses, home health aides, or point of contact with meals on wheels.

b. *The center is central to neighborhood growth and development*—It is possible, probable, and truly reasonable that the centers will have a viable relationship with families and with neighborhoods and become the critical centers for negotiations as well as services.

c. *There is need for an over-all Human Resources Department*—The agencies basically involved in the center services must be related at the top so that centers and workers can work in a rational environment. (A People's Agency or Well-Being or Human Resources Department.)

4. *Eligibility Determinations* — The eligibility function which now is the center of attention and utilizes most of the governmentally employed and euphemistically called social work contingent will be relegated to its proper place. It will be an automated credit evaluation followed by machine authorized and printed checks. Where significant social problems exist, they will come to the fore and the time of social workers will be spent facing these issues, for which grants are but small and enabling tools rather than the center of attention.

5. *New Performance Standards* — Once and for all, something more than lip service will be given to evaluation of the adequacy, pertinence, quality, and quantity of services. When agencies through their quaintly secluded workers only offered partial services, it was truly difficult and certainly irrational to try to measure the levels of improved client functioning. No one

could anticipate what adequate or appropriately applied services for a client might consist of. Lesions, or the hand-aids and hours spent applying them, were counted. Was the client interviewed, tested, placed? No one could justify seeing if he was really staying on the job when transportation, discrimination, family problems, or ill health were all the responsibilities of many other workers from many and often unknown agencies.

Merit badges have become the elegant substitute for standards. Do you have your M.P.H.? Apparently this has been much more reassuring than seeing what happened to the last 20 clients you served. To overcome this ostrich frame of mind which is more concerned with the plumes flying high than with sand in the visual apparatus, we are going to unfreeze the list of duties each skill may perform or the merit badge each worker must show.

This will become the era of documentation of evidence of movement of family and neighborhood as client. In turn we will be allowed to spend our agency funds to accomplish purposes that are meaningful to people. Standards of accomplishment, not artifices of academic degrees or ratios of workers to supervisors, will be the order of the day.

Conclusion

Irrespective of the mechanisms of local, state, and federal involvements in planning, administering, counseling and evaluating, there is no reason why the neighborhood service center should not be the means and center of well-being services.

A community center should present an adaptable system which can provide for the kinds of care needed, service which is professional in the sense of being client-directed, personalized, and compassionate—yet aggressive in its efforts to seek out the genesis of community

and individual problems. This restructured way of rendering services offers a unique opportunity to share in the study and documentation of community social processes in a never ending continuum through the widened horizon of different professional viewpoints. Such documentation should bring about a better understanding of the community systems and subsystems; the milieu from which the client comes; the individual's hopes, values, and fears; the roadblocks which deter him; and the burdens and ills which bring about his dependency, disease, or social instability.⁴

Once the problems of the individual and the community are reasonably understood, the stage is set for remedial acts, for enlightened self-direction, and for community and group activities—positive steps taken together aimed at overcoming handicaps and providing social opportunities for the realization of

the individual and the communities' fullest potentials.

Today we are faced with two choices. We can continue—each agency and each profession defensively on our separate ways, leaving gaps, overlaps, and confusion in our wake or we can learn to use our special skills in inventive and creative ways more in keeping with the needs and demands of the people we serve.⁵

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